

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000074

1. Entity Name

SHELDON COVE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 14 PM 4:57

Principal Place of Business
8810 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920

Mailing Address
8810 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920-4239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3370034

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYS, WILLIAM R
8810 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

MAYS, WILLIAM R TRUSTEE
8810 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

MAYS, BERCHET E TRUSTEE
8810 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920

STREET ADDRESS

CITY - ST - ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

Berchet E. Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-11-00

Date

Daytime Phone #

407-
783-2400